

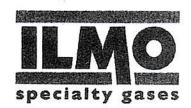
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

RECEIVED
By Carol Day at 11:43 am, Oct 28, 2014

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the reg Complete this report whenever the instru- Retain the original and send a copy within	ment is serviced or repaired a	and whenever it is place	exceed 35 days). ed into service.	
INTOX DMT SN S00205 NAME OF AGENCY Missouri State Highway Patrol			DATE OF INSPECTION 10/24/2014	
Oregon County Sheriff's Office, Alton Missouri			TIME OF INSPECTION 16:41:50	
CHECKLIST: Place a mark in the box by values where determined). Unmarked iter	reach item if found to be sations must be corrected before	sfactory or is operating using instrument.	within established limits. (W	/rite in observed
☑ DIAGNOSTIC RECORD		The Application of the Applicati		
DATE AND TIME10/24/2014 16:	☑ DETECTOR			
☑ PROGRAM ☑ FILTER 1				
☐ SAMPLE CHAMBER 48.8°C ☐ ☐ FILTER 2				
☑ BREATH TUBE 44.8°C	☑ FILTER 3	☑ FILTER 3		
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STA	ANDARDS			
☐ SIMULATOR STANDARD		☑ COMPRESSED	ETHANOL-GAS MIXTURE	
STANDARD SUPPLIER ILMO	LOT :	# <u>17513080A1</u>	EXP. DATE <u>07</u>	/01/2015
☐ SIMULATOR TEMP (34°C ± 0.2°C)_		_ATOR SN	SIMULATOR EXP DAT	E
□ CALIBRATION CHECK - (ONLY OF Run three tests using a standard. All of .005 or less. Mark the box corresp □ 0.10% STANDARD - MUST □ 0.08% STANDARD - MUST □ 0.04% STANDARD - MUST	READ BETWEEN 0.076% A	g used. NND 0.105% INCLUSIN NND 0.084% INCLUSIN	/E /E	
TEST 1: 0.076	TEST 1: 0.076 TEST 2: 0.076		TEST 3: 0.076	
☑ PERFORM R.F.I. TEST			The Control of the Co	
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLOW	ING RANGES SINCE	THE LAST MAINTENAN	CE REPORT:
REFUSALS: 0 004: 0	.0509: 0	.1014: 0	.1519: 0	OVER 19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY	I OR MODIFICATION THAT WAS MADE 1	TO RESTORE THE INSTRUMEN	T TO OPERATE SATISFACTORILY AND	NIHTIW
INSPECTING OFFICER		PRINT FULL NAME		
TYPE II PERMIT NUMBER & Chara	EXPIRATION DATE	THOMAS E YO		
240189 / // /	04/22/2016	417-469	9-3121	
RETURN COMPLETED REPORT TO T	Southeast District Offic 2875 James Blvd, Popl	e lar Bluff, MO 63901	Health and Senior Services	
10 300-2098 (3-13)	AN FOUAL OPPORTUNITY	AFFIRMATIVE ACTION EMDLOS	/CD	



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790 217-245-2183 • Fax: 217-243-7634 • vww.ilmoproducts.com

Certificate of Analysis

Certificate ID:

5178

Part #:

BAC105L080T

Cylinder Size:

105L

Lot Number:

17513080A1

Expiration:

7/1/2015

0.080 BAC (For use with breath alcohol testing instruments)

Contents:

105 Liters @ 1000 psig 70°F (21°C)

Component:

Concentration:

Accuracy:

Method:

Ethanol

208.4 ppm

+/- 0.002 or 2%

NDIR

Nitrogen

Balance

BAC whichever

is greater

*NIST Standard Reference Material Cylinder No. CC157791 / Job No. 13029 Certified 184.3 µmol/mol Ethanol in Nitrogen for ILMO Products Co., Jacksonville, IL

Specialty Gas Lab Tech

07/10/13

Distributed by:

CMI Inc.

316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



PERMIT TYPE II

THOMAS E YOUNG III

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs

DATAMASTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

377.020 through 577.041, RSMo and 306	5.111 through 306.119 RSMo.
DATE4/22/2014	- Wans
NUMBER 240189	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 4/22/2016	Dal Vasterly
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
	LAB-4 (R6-10)



YOUNG III, THOMAS Permit No 240189

Date Issued 4/22/2014 Date Expires 4/22/2016